REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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۱.	NAME OF				
	COMMITTEE	(in	full		

41,

396102

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FEC

FORM 3X

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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INISCONSIN RIGHT TO LIFE PAC								
ADDRESS (number and street)	10625	WIMOR	TH AVE					
Check if different								
than previously reported. (ACC)	MILWA	UKEE	w.T	53226	2,2,6,-			
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦	STATE	▲ ZIP¹C	ODE A			
C 00.1.7.3.2.	7.8	3. IS THIS REPORT	NEW (N) OR	AMENDED ,				
4. TYPE OF REPORT	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)			
(a) Guarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)			
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)			
Quarterly Report ((C) 12-Day	Primary ((12P) 🧗 Ge	eneral (12G)	Runoff (12R)			
July 15 Quarterly Report ((D2) PRE-Ele Report f		on (12C) Sp	pecial (12S)				
October 15 Quarterly Report (Name B	Second .					
January 31 Year-End Report	YE)	Election-on		in the State				
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-E Report fo	lares.	(30G) Ru	inoff (30R)	f (30R)			
Termination Report (TER)		Election on		in the State				
5. Covering Period	i ol z	.0.0.7 throug	h // 2 / 3	1 2007	This section			
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer RICHARS R FOX TO								
Signature of Treasurer X Date 01 28 2008								
NOTE: Submission of false, erron	eous, or incomplete in	formation may subject the p	person signing this Repor	t to the penalties of 2	U.S.C. §437g.			
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